

EXHIBIT 3

Valley Women's Clinic

New Patient Health Questionnaire and Exam Form Page 2

Pregnancy History

Number of times pregnant:	# of Abortions:	# of Miscarriages:	# of Children:
4	2	0	4
Delivery Year	Type of Delivery (Vaginal or C-Section)	Baby's Birth Weight	Pregnancy/Delivery Complications
1963	VAGINAL	4008 7 lbs	n/a
1965	VAGINAL	"	"
1972	VAGINAL	"	"
1975	VAGINAL	8 lbs	"

Gynecological History - Have you ever had: (Please Include Dates)

Abnormal pap smear	<input checked="" type="checkbox"/> Y/N	2002	Colposcopy/Cryosurgery/Laser Surgery	<input checked="" type="checkbox"/> Y/N	1999
Pelvic inflammatory disease (PID)	<input checked="" type="checkbox"/> Y/N	/	Warts/Herpes/Chlamydia/Gonorrhea/Syphilis	<input checked="" type="checkbox"/> Y/N	ON MY EYE
Pain with intercourse	<input checked="" type="checkbox"/> Y/N	/	Vaginal dryness	<input checked="" type="checkbox"/> Y/N	
Leakage of urine	<input checked="" type="checkbox"/> Y/N	2002	Infertility	<input checked="" type="checkbox"/> Y/N	
Yeast infections	<input checked="" type="checkbox"/> Y/N	1968	DES Exposure before birth	<input checked="" type="checkbox"/> Y/N	
Endometriosis	<input checked="" type="checkbox"/> Y/N		Surgery on ovaries	<input checked="" type="checkbox"/> Y/N	1980's
Ovarian cysts	<input checked="" type="checkbox"/> Y/N		Breast disease	<input checked="" type="checkbox"/> Y/N	Hysterectomy
Uterine fibroids	<input checked="" type="checkbox"/> Y/N		ASPERATED 1985?	<input checked="" type="checkbox"/> Y/N	CYST LEFT BREAST
Cervical cancer	<input checked="" type="checkbox"/> Y/N		Breast Surgery	<input checked="" type="checkbox"/> Y/N	
Uterine Cancer	<input checked="" type="checkbox"/> Y/N		Hysterectomy	<input checked="" type="checkbox"/> Y/N	1980
Date of last mammogram:	2001	Where? COVINGTON	Abnormal/Irregular Vaginal Bleeding	<input checked="" type="checkbox"/> Y/N	
Date of last Dexascan Test	N/A	Where? MURKIN		<input checked="" type="checkbox"/> Y/N	

Physician Notes:

Please list all your surgeries/hospitalizations (Years/Procedures)

Hysterectomy 1990
 CARPAL TUNNEL - RIGHT HAND
 3 KNEE SURGERIES 1999 - 2000 - 2002

Current Medications (Include doses)

Premarin 1 day
 Lamictil 1 day
 sleeping pill - 2 A WEEK AVERAGE

Allergies to Medications (include reactions)

Ibuprofen + ASPIRIN

Last Lab Testing

Date

Results

Immunizations

Cholesterol	2002	TOTAL 276	Rubella	<input checked="" type="checkbox"/>
Fasting blood sugar			Influenza	<input checked="" type="checkbox"/>
Fecal Occult blood test			Tetanus	
Sigmoidoscopy/Colonoscopy	1999	Polyps	Pneumovax	<input checked="" type="checkbox"/>
Colonoscopy	1999		Hepatitis B	-
Bone Density Test	N/A		Other	

Valley Women's Clinic

New Patient Health Questionnaire and Exam Form Page 3

Name: Linda Madding	HT: 5'11"	WT: 154 1/2	BMI: 23.7	BP: 132/70	Temp: 98.6	Pulse: 80	Respirations: 20	Date: 2/28/02	Allergies: Glugofen/ASA	
LMP: 1/28/02	BEM: 1/28/02	Last Pap Result: Normal		Last Mammogram: 2001				Medications: Sleepin, Lamisil, Premarin		
History of Present Illness										
<p>Needs annual exam. Gets colonoscopy 3/3/02</p> <p>Has problem w/ hemorrhoids, some cramping/epigastric pain</p> <p>Also = stress/urgency incontinence</p>										
EXAM										
General Appearance:	<input checked="" type="checkbox"/> Well developed <input checked="" type="checkbox"/> Well nourished <input type="checkbox"/> Normal mood/affect <input checked="" type="checkbox"/> Oriented x 3 <input type="checkbox"/> No acute distress									
Neck	<input type="checkbox"/> Supple <input checked="" type="checkbox"/> Without masses <input type="checkbox"/> Without thyromegaly									
Breast	<input checked="" type="checkbox"/> No dominant masses <input type="checkbox"/> No skin changes <input type="checkbox"/> No nipple discharge									
Lungs	<input checked="" type="checkbox"/> Clear to auscultation bilaterally <input type="checkbox"/> Normal respiratory effort									
Heart	<input type="checkbox"/> Regular rhythm and rate <input type="checkbox"/> No murmurs/gallops									
Abdomen	<input type="checkbox"/> Soft, non-distended <input checked="" type="checkbox"/> No masses/HSM <input type="checkbox"/> No Hernias									
Back	<input type="checkbox"/> No CVA tenderness									
Skin	<input type="checkbox"/> No lesions <input checked="" type="checkbox"/> No abnormal moles									
Lymphatic	<input checked="" type="checkbox"/> No neck <input checked="" type="checkbox"/> No axillae <input type="checkbox"/> No groin lymphadenopathy									
Extremities	<input type="checkbox"/> Without varicosities <input checked="" type="checkbox"/> Without edema <input type="checkbox"/> Nontender calves									
Pelvic Exam	<input type="checkbox"/> Normal external genitalia									
Urethral meatus/urethra	<input type="checkbox"/> Without lesions, tenderness or prolapse									
Bladder	<input type="checkbox"/> Without masses, tenderness <input type="checkbox"/> Well supported									
Vagina	<input checked="" type="checkbox"/> Well supported <input type="checkbox"/> No lesions <input type="checkbox"/> No abnormal discharge									
Cervix	<input type="checkbox"/> Without lesions <input type="checkbox"/> No CMT									
Uterus	Position:	<input type="checkbox"/> Normal size & shape <input type="checkbox"/> Nontender <input type="checkbox"/> Without descent								
Adnexa	<input type="checkbox"/> Normal size <input checked="" type="checkbox"/> No adnexal masses <input type="checkbox"/> No tenderness									
Anus/Perineum	<input checked="" type="checkbox"/> No lesions									
Rectal:	<input type="checkbox"/> Normal sphincter tone <input checked="" type="checkbox"/> No hemorrhoids <input type="checkbox"/> No tenderness									
Other findings:	<p>On STOKE</p> <p>prolapsing w/</p> <p>SURGICALLY ABSENT</p> <p>SURGICALLY ABSENT</p> <p>Rectal w/</p> <p>DFERRE</p>									

Valley Women's Clinic *Uinda Madding* New Patient Health Questionnaire and Exam Form Page 4

Education and Counseling:

<input type="checkbox"/> Diet and exercise, including fat, cholesterol/atherosclerosis and cardio health; weight reduction	<input type="checkbox"/> Contraception/Pregnancy Planning
<input type="checkbox"/> Substance abuse, including cocaine, marijuana, hallucinogens, barbiturates, tobacco and ETOH	<input type="checkbox"/> Dental Health
<input type="checkbox"/> Sexual practices, including STD's, partner selection, condoms, high risk practices and pregnancy	<input type="checkbox"/> Self breast exam
<input type="checkbox"/> Injury prevention, safety belt use, violent behavior, firearms and sports injury	<input type="checkbox"/> Osteoporosis prevention, Calcium, Vitamin D
<input type="checkbox"/> Psychological concerns, depression/anxiety, abuse, family interactions, personal goals	<input type="checkbox"/> Hormone replacement therapy

Assessment:

*Hypertension / menses problems
Time of menses problem*

Plan:

Pap Mammogram Hemoccult Colonoscopy Fasting Lipids

*Will plan to schedule surgery
late April
Mammogram - referral given
let in pelvic support / TVT
surgery
To see Dr. for gynecologist
Dr. Soley*

Provider Signature: *G. Madding*

Chart notes Dictated: Yes No CC to PCP: Yes No

Amount of time spent: 10 15 20 30 45 60

Lab Results

Fecal Occult Neg Pos Instructions: *Pap work*Blood Work NL Other Instructions:Cultures NL Other Instructions:Notified by Mail Phone Sig:Patient in recall for: *Anniversary*

Notes:

EXHIBIT 4

Progress Notes

PATIENT'S NAME: LINDA MADDING

Date	Vitals		Medications	
4/11/02	LINDA [REDACTED] y/o	HERE FOR PRE OP		
	BP: 120/70		MED: PREMARIN, 625	
	WT: 154 1/2			ALL: ASA
	PULSE: 84			
	TEMP: 97.8			
	Discussion of pre-op for A3 Preparatory sacrospinous fixation + TVT placement.			
	Pt is pelvic prolepsis - SUI s/p prior hysterectomy. Leaks urine when she coughs/sneezes. P2 heart regular.			
	Lungs clear			
	Dx: symptoms of pelvic prolepsis - SUI			
	Plan vaginal repair to consist of A3 P repair, sacrospinous fixation, & placement of TVT.			
	Reviewed benefits of reconstruction of pelvic support + TVT placement.			
	Reviewed risks of bleeding, infection, damage to bladder/bowel, visible bladder, need for further surgery if her repair fails, scheduled for surgery - see hydro note			
	4-29-02 Linda - Anterior-Posterior repair, sacrospinous fixation and placement of Tension-free vaginal tape			
	Dr. Gitterer Dr. Komarow Assist			
(60)	DX: Vaginal Vault prolapse, cystocele, rectocele, stress urinary incontinence			

EXHIBIT 5



PATIENT MADDING, LINDA J Washington State law guarantees that you have both the <u>right</u> and the <u>obligation</u> to make decisions concerning your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team, you must enter into the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by your physician	
PATIENT NO _____	
IMPORTANT HAVE PATIENT CHECK (✓) FULL OR LIMITED DISCLOSURE BOX AND SIGN AT BOTTOM OF FORM	
<input checked="" type="checkbox"/> FULL DISCLOSURE I certify that my physician has informed me of the nature and character of the proposed treatment of the anticipated results of the proposed treatment, of the possible alternative forms of treatment and the recognized serious possible risks complications and the anticipated benefits involved in the proposed treatment and in the alternative forms of treatment including non treatment	
<input type="checkbox"/> LIMITED DISCLOSURE I certify that my physician has explained to me that I have the right to have clearly described to me the nature and character of the proposed treatment the anticipated results of the proposed treatment the alternative forms of treatment and the recognized serious possible risks complications and the anticipated benefits involved in the proposed treatment and in the alternative forms of treatment including non treatment I do not wish to have these risks explained to me	
1 I hereby authorize Dr <u>TAMARA STEEETER, M.D.</u> and/or such associates or assistants as may be selected by said physician to treat the following condition(s) which has (have) been explained to me (Explain the nature of the condition(s) in professional and lay language)	
<u>CYSTOCELE</u> <u>PELVIC PROCEDURES</u> <u>STRESS URINARY INCONTINENCE- inability to hold urine</u> 2 The procedures planned for treatment of my condition(s) have been explained to me by my physician I understand them to be (Describe procedures to be performed in professional and lay language.) <u>ANTERIOR REPAIR, POSS POSTERIOR REPAIR repair of cystocele poss rectocele. TENSION VAGINAL TAP</u> <u>sling op for SUI SACROSPINOUS FIXATION- fixation to top of one of the pelvic bones.</u>	
3 I recognize that during the course of the operation post operative care, medical treatment anesthesia or other procedure unforeseen conditions may necessitate additional or different procedures than those above set forth I therefore authorize my above named physician, and his or her assistants or designees, to perform such surgical or other procedures as are in the exercise of his, her or their professional judgement necessary and desirable The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced	
4 I have been informed that there are significant risks such as severe loss of blood infection and cardiac arrest that can lead to death or permanent or partial disability which may be attendant to the performance of any procedure I acknowledge that no warranty or guarantee has been made to me as to result or cure	
5 I consent to the administration of anesthesia by any attending physician by an anesthesiologist or other qualified party under the direction of a physician as may be deemed necessary I understand that all anesthetics involve risks of complications and serious possible damage to vital organs such as the brain heart, lung liver and kidney and that in some cases may result in paralysis cardiac arrest and/or brain death from both known and unknown causes	
6 I consent to the use of transfusion of blood and blood products as deemed necessary The risks (allergic reaction possible exposure to infections such as hepatitis or AIDS) the benefits, and the alternatives have been explained to me	
7 Any tissues or parts surgically removed may be disposed of by the hospital or physician in accordance with accustomed practice	
PHYSICIAN'S STATEMENT The medical procedure or surgery stated on this form, including the possible risks complications, alternative treatments (including non treatment) and anticipated results were explained by me to the patient or his/her representatives before the patient or his/her representatives consented	
PHYSICIAN'S SIGNATURE <u>D. M. Madding</u> DATE <u>4-11-02</u>	
PATIENT OR PATIENT REPRESENTATIVE'S ACKNOWLEDGEMENT I acknowledge that I have read (or have had read to me) and fully understand the above consent, the explanations referred to were made and all blanks or statements requiring insertion or completion were filled in before I affixed my signature SIGNATURE OF PATIENT OR PATIENT REPRESENTATIVE <u>Linda J. Madding</u> DATE <u>4/11/02</u> TIME <u>9:45</u> RELATIONSHIP OF LEGALLY RESPONSIBLE PERSON TO PATIENT	
WITNESS ACKNOWLEDGEMENT I acknowledge that I, as witness, have identified the above individual and I have observed his/her signature on this document WITNESS SIGNATURE <u>Jane Madding</u> DATE <u>4/11/02</u> TIME <u>9:45 AM</u>	
VALLEY MEDICAL CENTER SPECIAL CONSENT TO OPERATION, POST OPERATIVE CARE, MEDICAL TREATMENT, ANESTHESIA, BLOOD OR BLOOD PRODUCT ADMINISTRATION, OR OTHER PROCEDURE. <small>Valley Medical Center - Patient: MADDING, LINDA J. MRN: 241866 - Acce 150232P TEP</small>	ADDRESSOGRAPH <small>PLW</small> <small>INPATIENT</small> <small>F [REDACTED] 2</small> <small>SUR</small> <small>MADDING, LINDA J.</small>

EXHIBIT 6

Linda J. Madding

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION

IN RE: ETHICON, INC., PELVIC) MASTER FILE NO.
REPAIR SYSTEM PRODUCTS LIABILITY) 2:12-MD-02327
LITIGATION) MDL 2327
)
) JOSEPH R. GOODWIN
) U.S. DISTRICT JUDGE
)
)
)
)
)
)
)
)
LINDA J. MADDING,)
)
) Plaintiff,)
)
vs.) Case No. 2:12-CV-02512
)
ETHICON, INC., et al.,)
)
) Defendants.)

VIDEOTAPED DEPOSITION OF LINDA J. MADDING

June 14, 2016

Seattle, Washington

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1 A Correct.

2 Q You relied on Dr. Sleeter that the TVT product and the
3 surgery was necessary and appropriate to treat your
4 symptoms?

5 MR. KRAMER: Objection; form.

6 THE WITNESS: Yes.

7 Q (By Ms. Rothermel) Do you recall asking Dr. Sleeter any
8 questions?

9 A No.

10 MR. KRAMER: Objection to the form of
11 the question.

12 Q (By Ms. Rothermel) You could have asked Dr. Sleeter
13 questions if you wanted to, right?

14 MR. KRAMER: Objection; form.

15 THE WITNESS: Yes.

16 Q (By Ms. Rothermel) Do you recall if Dr. Sleeter ever
17 showed you any written information about the TVT product?

18 A No.

19 Q And that was a bad question, so I'll ask it again.

20 Sometimes us lawyers ask bad questions.

21 Did Dr. Sleeter show you any written information
22 about the TVT product?

23 MR. KRAMER: Objection; form.

24 THE WITNESS: No.

25 Q (By Ms. Rothermel) Why did you decide to have surgery

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1 THE WITNESS: I don't recall.

2 Q (By Ms. Rothermel) How about a month after the surgery?

3 MR. KRAMER: Objection; form.

4 MS. ROTHERMEL: Sorry, that wasn't a
5 question, but--

6 MR. KRAMER: Oh.

7 MS. ROTHERMEL: Now I'm moving to a
8 month after the surgery.

9 Q (By Ms. Rothermel) About a month after the surgery, were
10 you still living alone?

11 A Yes.

12 Q Were you able to take care of yourself?

13 MR. KRAMER: Objection; form.

14 Are we still talking about a month after the
15 surgery?

16 MS. ROTHERMEL: Yes.

17 Q (By Ms. Rothermel) A month after the surgery, were you
18 able to take care of yourself?

19 A I'm sure I was, yes.

20 Q What were the first symptoms that you experienced after
21 the surgery that indicated to you that something was
22 wrong?

23 MR. KRAMER: Objection; form.

24 THE WITNESS: I can't tell you when,
25 if it was immediately after.

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1 I had difficulty urinating.

2 Q (By Ms. Rothermel) Prior to the surgery had you ever
3 experienced difficulty urinating?

4 A No.

5 Q So this was a new symptom that you were experiencing?

6 A Yep.

7 Q What did you do about that?

8 MR. KRAMER: Objection; form.

9 THE WITNESS: I don't remember.

10 Q (By Ms. Rothermel) Do you know if you went to the
11 doctor?

12 MR. KRAMER: Objection; form.

13 THE WITNESS: I don't remember.

14 I'm sure I considered it, if I didn't.

15 I just don't remember.

16 Q (By Ms. Rothermel) Describe for me what you mean by
17 "difficulty urinating."

18 A I would feel like I needed to go and then go sit down and
19 maybe dribble a little bit, but not empty.

20 Q To the best of your recollection, was this in the first
21 couple of months after the surgery that you experienced
22 that?

23 MR. KRAMER: Objection; form.

24 THE WITNESS: I don't remember.

25 Q (By Ms. Rothermel) Do you recall if it was in the first

Linda J. Madding

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1 removed?

2 A Mm-hm, yes.

3 Q And you thought that removing the mesh would possibly
4 resolve your incomplete bladder emptying?

5 A Yes.

6 Q So you thought the mesh was somehow causing your
7 incomplete bladder emptying?

8 MR. KRAMER: Objection; form.

9 THE WITNESS: I did not.

10 Q (By Ms. Rothermel) So you didn't think that the mesh was
11 causing your incomplete bladder emptying, but you thought
12 that removing it might stop the incomplete bladder
13 emptying?

14 A Yes.

15 Q Did you follow Dr. McKay's recommendation and undergo
16 that surgery?

17 A Yes.

18 Q What is your understanding of the surgery-- I'll start
19 again.

20 You said that Dr. McKay told you he could remove the
21 sling.

22 Is it your understanding that Dr. McKay removed the
23 entire sling?

24 A I don't know.

25 Q What did Dr. McKay tell you about the surgery he was

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1 Q Was the-- did you ever experience urinary leakage?

2 MR. KRAMER: Objection; form.

3 THE WITNESS: Yes.

4 Q (By Ms. Rothermel) Did you go see a doctor, after that
5 second surgery, about urine incontinence?

6 A No.

7 Q Have you ever seen a doctor about that?

8 A No.

9 Q And we'll talk about your current condition in a little
10 bit, okay?

11 Did Dr. McKay tell you that there were risks
12 associated with the TVT takedown surgery?

13 A I don't recall.

14 Q At the time of the takedown surgery, in March 2005, you
15 certainly knew that there were risks associated with
16 surgeries, right?

17 A Yes.

18 MR. KRAMER: Objection; form.

19 Q (By Ms. Rothermel) And you knew there were risks
20 associated with the anesthesia alone, correct?

21 MR. KRAMER: Objection; form.

22 THE WITNESS: Yes.

23 Q (By Ms. Rothermel) So after the 2005 surgery, did your
24 inability to urinate get better at all?

25 A Yes.

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1 Q How often do you currently experience urinary
2 incontinence?

3 A Just mostly when I have to urinate and I cough a lot or
4 if I'm working in the yard and, you know, I don't get to
5 the bathroom soon enough.

6 Q How many times a week does that occur?

7 A I don't know. I have no idea.

8 Q Does it occur every day?

9 MR. KRAMER: Objection; form.

10 THE WITNESS: Maybe.

11 I will say "yes."

12 Q (By Ms. Rothermel) And when you leak urine, how much
13 urine do you leak?

14 A Just minute.

15 Q Just a few drops?

16 A Yes.

17 Q Do you wear a pad?

18 A No.

19 Q Are you currently seeing any physician for your urinary
20 incontinence?

21 A No.

22 Q And I've seen a lot of COPD records where you've
23 complained of a cough, and you have never complained to
24 any of those doctors about having urinary leakage with
25 the cough?

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1 A No.

2 Q Is that because the leakage isn't that bad that you feel
3 that you need medical treatment?

4 A No.

5 Q Okay. Why haven't you complained to any doctor about it?

6 A Because I don't want them to discover something wrong
7 again and want to fix it, and I'm just fine dealing with
8 it myself.

9 They already tried to fix it once.

10 Q And you're okay now?

11 A I still have it.

12 It's not fixed.

13 Q When was the last time that you saw a doctor for your
14 urinary incontinence?

15 A Dr. McKay, I guess.

16 Q Any plans to go see any doctors related to your urinary
17 incontinence?

18 A Nope.

19 Q Are you currently experiencing any other medical issues
20 that we have not discussed?

21 A No.

22 Q Okay. What injuries do you claim that you suffered as a
23 result of the mesh?

24 A Well, I had the mesh done in April of 2002. I dealt with
25 it almost three solid years.

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1 Now, you know, going to the doctor back and forth,
2 having tests, cathing for months, wearing a bag, and then
3 cathing again-- I mean, yeah, that's what I say. That's
4 my injuries.

5 Q And that's the-- and that was-- the doctors' appointments
6 and the cathing were related to the incomplete bladder
7 emptying; is that correct?

8 A Yes, and it was painful.

9 Q Where did you experience pain, between 2002 and 2005?

10 A The uncomfortable of it.

11 Q Uncomfortable to have to cath?

12 A Yes, and wearing it.

13 Q Have you suffered any injuries since March 2005, that you
14 claim are related to the TVT product?

15 MR. KRAMER: Objection; form.

16 THE WITNESS: No.

17 Q (By Ms. Rothermel) Why do you think that the incomplete
18 bladder emptying and the cathing is related to the mesh?

19 MR. KRAMER: Objection; form.

20 THE WITNESS: I have no idea.

21 Q (By Ms. Rothermel) Why did you file a lawsuit?

22 MR. KRAMER: Objection; form.

23 THE WITNESS: Because long about years
24 after, sometime in 2010 or 2011 maybe, my girlfriend
25 called me because she had it done-- not a girlfriend, an

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1 acquaintance. She had it done, and she heard that there
2 were some problems with them and did I experience any
3 problems with mine, and I said, "Well, they took it out."

4 That's when she referred me to TorHoerman Law.

5 Q (By Ms. Rothermel) What is your friend's name?

6 A I don't want to give you that.

7 Q I'm entitled to know who--

8 A Then my attorney can.

9 MR. KRAMER: If you can answer the
10 question, it's okay.

11 THE WITNESS: Okay. Leona Klein.

12 Q (By Ms. Rothermel) What is her last name?

13 A Klein, K-L-E-I-N.

14 Q And how do you know Leona?

15 A She was a neighbor.

16 Q And you had previously told Leona that you had the mesh
17 surgery?

18 A Yeah, I must have. I must have some time or another.

19 Q Is Leona still your neighbor?

20 A No.

21 Q Where does she live?

22 A She lives in Hoodspout, Washington.

23 MR. JOHNSON: Where at?

24 THE WITNESS: Hoodspout.

25 Q (By Ms. Rothermel) Did Leona have a mesh implant?

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1 the surgery, carried with it a risk of death, correct?

2 A Yes.

3 MR. KRAMER: Objection.

4 Q (By Ms. Rothermel) And you were willing to accept that
5 risk and go forward with the surgery, correct?

6 MR. KRAMER: Objection; form.

7 THE WITNESS: Yes.

8 MS. ROTHERMEL: Let's go off the
9 record for a minute.

12 (Recess 5:21 to 5:24 p.m.)

13

14 VIDEOPHOTOGRAPHER: We are back on the
15 record at 5:24.

16 Q (By Ms. Rothermel) Mrs. Madding, in deciding to have
17 both of the surgeries that we've discussed here today,
18 you've relied on your doctors, didn't you?

19 MR. KRAMER: Objection; form.

20 THE WITNESS: Yes.

21 Q (By Ms. Rothermel) And you trusted the experience and
22 knowledge of your doctors, right?

23 MR. KRAMER: Objection; form.

24 THE WITNESS: Yes.

25 Q (By Ms. Rothermel) And your doctors told you of some

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1 risks associated with the surgeries, correct?

2 MR. KRAMER: Objection; form.

3 THE WITNESS: Yes.

4 Q (By Ms. Rothermel) And you had the surgeries despite the
5 fact that there were some risks, right?

6 A Yes.

7 Q And that's because you relied on your doctor and your
8 doctor's knowledge of the risks?

9 MR. KRAMER: Objection; form.

10 THE WITNESS: Yes.

11 Q (By Ms. Rothermel) Ms. Madding, you have been a smoker
12 for about 45 years, right?

13 A Mm-hm, yes.

14 Q And you know that there's a risk of lung cancer
15 associated with smoking, right?

16 A Yes.

17 Q And you know that there's a risk of throat cancer
18 associated with smoking?

19 A Yes.

20 Q You know that there's a risk of premature death
21 associated with smoking?

22 A Yes.

23 Q And doctors have told you all of those risks, right?

24 A Yes.

25 Q And doctors have told you to stop smoking, right?